

121503

13281 U.S. PTO

CONTINUATION/DIVISIONAL APPLICATION TRANSMITTAL (Rule 53(b) Continuation or Divisional) <input checked="" type="checkbox"/> DUPLICATE						
Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450			Attorney Docket No.: KLAV3010C2/REF First Named Inventor: KLAVENESS et al Total Pages: 262		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 22141 U.S. PTO 10/734730 </div>	
This requests a <input checked="" type="checkbox"/> Continuation or <input type="checkbox"/> Divisional application under 37 CFR 1.53(b) of prior application:						
Appl. No.:	09/925,715		Group Art Unit:	1616		
Filed on:	August 10, 2001		Examiner:	M. Hartley		
Entitled:	IMPROVEMENTS IN OR RELATING TO DIAGNOSTIC/THERAPEUTIC AGENTS					
<div> <input checked="" type="checkbox"/> 1. The entire disclosure of the pending, prior application is hereby incorporated by reference. <input checked="" type="checkbox"/> 2. Submitted herewith is a copy of the complete prior application as filed. <input type="checkbox"/> 3. This application is filed by fewer than all the inventors named in the prior nonprovisional application, 37 CFR 1.53(b)(1). DELETE the following inventor(s): _____ <input checked="" type="checkbox"/> 4. Submitted herewith is a copy of the signed Oath/Declaration from the prior application. <input type="checkbox"/> 5. Small entity status is claimed. <input type="checkbox"/> 6. A _____ month Petition for Extension of Time is filed concurrently in the prior application. <input type="checkbox"/> 7. The Commissioner is NOT authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. <input type="checkbox"/> 8. NO check is submitted herewith. <input type="checkbox"/> 9. Insert before the first sentence of the specification: -- This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division of nonprovisional application serial number _____ filed _____. -- <input type="checkbox"/> 10. Cancel in this application original claims _____ of the prior application before calculating the filing fee. At least one independent claim is retained. <input checked="" type="checkbox"/> 11. The prior application is assigned of record to: <u>Amersham Health AS</u>. <input checked="" type="checkbox"/> 12. Priority is claimed based on each foreign application so listed in the Oath/Declaration and a certified copy of each was filed in U.S. application number <u>08/959,206</u> filed <u>10/28/97</u>. <input checked="" type="checkbox"/> 13. A Preliminary Amendment is enclosed. <input checked="" type="checkbox"/> 14. Submitted herewith is an Application Data Sheet. <input type="checkbox"/> 15. Other: _____ </div>						
THE FILING FEE IS CALCULATED AS FOLLOWS:					Basic Fee:	\$770.00
Total Claims:	37	- 20 =	18.00	X \$18 =	306.00	
Independent Claims:	1	- 3 =	0.00	X \$43 =	0.00	
23364 Customer Number			Multiple Dependent Claim (\$290.00):			
			Subtotal:		1,076.00	
			50% Reduction if Small Entity Status:			
Phone: 703-683-0500			Fax: 703-683-1080		Total: 1,076.00	
Date:	Name:		Signature:		Reg. No.	
December 3, 2003	Richard E. Fichter		<i>Richard E. Fichter</i>		26,382	

121503